Health Professions Workforce
Part II - Recommendations

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Workforce Issues

• Data Needs Assessment and Planning
• Shortages and Maldistribution
• Diversity
• Aging
• Specific Shortages / Special Programs
• Technology
• Recruitment
• Professional Training
• Health Professions Education
• Nursing and Allied Health Education
• Border Health Issues
• Health Disparities / Chronic Diseases
• Scope of Practice
Data Needs Assessment and Planning

- Adoption and Implementation of the Minimal Data Set by **ALL** licensure boards for the health professions in Texas
- Adoption of electronic data capture for all licensure boards for the health professions in Texas
- Creation of a single agency for health professions licensure
- Enhance the scope and work of the Health Professions Resource Center to include workforce planning
Health Professions Shortages

• Create the “right climate” for the health professions in Texas to flourish:
  – Assure a timely licensure process for health professionals desiring to work in Texas
  – Maintain changes brought about through Tort Reform that enable medical practices to grow
  – Maintain a favorable tax climate
  – Provide low interest loan availability for practice start ups
  – Provide loan forgiveness programs for physicians, nurses, Pas, and other allied health professionals, especially those that choose to practice in Health Professions Shortage Areas (HPSAs) or Medically Underserved Areas (MUAs)
  – Provide reimbursement incentives for those professionals in HPSAs or MUAs, such as Medicaid base plus XX percent
Workforce Maldistribution

• Establish economic incentives for health professionals to practice in rural, border, and other underserved areas
  – Sustain loan forgiveness programs
  – Establish preferential reimbursement to practitioners in these areas
  – Provide CME and other program support through ORCA, AHEC, and the local community
  – Provide educational incentive program for students who elect to practice in underserved areas

• Technology
  – Link all health care providers in HPSAs / MUAs to their academic health science center of choice for mentoring, consults, CME, etc
  – Provide practitioners with the tools necessary for e-commerce for business and medical practice
    • Telemedicine, electronic medical record
    • Insurance claims processing
    • After-hours call services (Hotline)

• Increase the number of Federally Qualified Health Centers (FQHCs) and “look-alike” clinics
  – Provide technical assistance through the Department of State Health Services for application for federal grants
Health Professions Diversity

• Require courses in cultural competency and language acquisition in all health professional schools

• Require conversational Spanish competency for all students entering medical, nursing, allied health, pharmacy and dental school by 2012

• Provide diverse populations including the economically disadvantaged opportunities to consider the health professions as a viable career option

• Provide health career lattice programs

• Provide affordable tuition, scholarships, loans, and loan repayment / forgiveness programs

• Provide undergraduate preparation for those students from disadvantaged backgrounds to achieve the success in college for successful entry into professional school

• Provide opportunities for “career change” through the adoption of common pre-medical course work and develop more “fast track” programs for those individuals desiring to change professions
Aging of Professionals

• Encourage health professionals to extend their work life productivity
  – Encourage opportunities for “job sharing”
  – Provide liability insurance and health insurance through state programs for individuals who are willing to practice, volunteer in community clinics and/or teach part time
  – Provide “second career” practice opportunities for retirees
  – Provide skill acquisition and certification programs for individuals to serve as teaching faculty at health professions schools
  – Provide discounted licensure renewals for practitioners over age 67 years

• Expand the training and state certification for individuals to become Community Health Workers / Promotoras in order to extend our ability to manage chronic illness
Specific Shortages and Special Programs

• Mental Health Services
  – Increase public awareness of health professional career opportunities in the mental health area
  – Review and adjust if necessary the reimbursement practices for mental health services
  – Improve access to mental health services through technology (telemedicine)
  – Achieve mental health parity
  – Develop recruitment opportunities

• Women and Children’s Services
  – Develop career awareness programs to increase the number of health care professionals in:
    • Prenatal, perinatal, and obstetrical services
    • Nurse midwifery
    • Pediatrics and Pediatric Sub-specialties
    • PA and NP providers in pediatrics
    • Community Health Workers in pediatrics
    • School Health Nurses
  – Assure that FREW initiatives are maintained in future initiatives
Technology

• Support expansion of statewide technology infrastructure

• Create a regulatory climate that supports telemedicine initiatives
  – Address reimbursement concerns for private and public initiatives
  – Assure minimal and/or discount connectivity charges
  – Publish realistic rules and regulations for the use of technology in medical practice

• EMR Adoption
  – Implement recommendation of the Health Information Technology Advisory Council (HITAC)
  – Require all Medicaid program participants to utilize electronic medical records by 2014
  – Incent medical practices that utilize EMRs in the delivery of patient care
Recruitment of Students and Professionals

• Undergird the health professions “pipeline”
  – Promote K-16 interests and preparation for careers in health

• Practice Environment
  – Maintain Texas’ favorable business practice climate
    • Maintain and enhance favorable tax status
      – Absence of income taxes
      – Exclusion from state business tax for individuals practicing in MUA / HPSA
    • Maintain current tort reform legislation
    • Provide state insurance for health professionals in volunteer service (community free clinics, FQHCs, etc)
      – Continue to monitor and address recent concerns about the length of time required for licensure for practice in Texas
      – Provide a state health professions recruitment office to match community needs and health care professional’s availability
Professional Training

- Expand the class size of existing institutions
  - Expand existing faculty and classroom space
  - Incentives for educational institutions with high graduation rates
- Require a business plan and impact study BEFORE the addition of any new medical or other professional schools so that the amount of investment and potential return to taxpayers can be assessed
- Grow our own Texas practitioners:
  - Provide an adequate number of first class Graduate Medical Education programs in Texas for Texas graduates
  - Prevent the out-migration of Texas medical school graduates by providing both GME choices and financial incentives to remain in state
  - Fund GME to pre-2001 levels, plus inflation
  - Fund at least 300 new GME slots across the state, with an emphasis upon programs in rural, border, and other underserved areas
  - Focus funding of GME program on areas of excellence (do NOT fund programs to mediocrity, but to national excellence)
  - Optimize the recruitment of out-of-state and international medical graduates
Health Professions Education

- Adjust formula funding for all health professions schools to assure adequate support for the number of students in training

- Graduate Medical Education
  - Restore funding to pre-2001 levels (adjusted for inflation)
  - Add additional slots for trainees
  - Increase BOTH numbers and reimbursement at the Federal level
  - Maximize Federal “draw down” through use of academic medical center funds

- Require full disclosure of future costs as well as business plan PRIOR to authorization and/or construction of any new medical schools.

- Support health professions schools in their quest to be top tier nationally

- Create Graduate Medical Education programs of national ranking and excellence in order to keep Texas graduates in Texas

- Encourage curriculum development that focuses on interprofessional education utilizing shared faculty and other resources

- Continue to invest in public health education
Nursing and Allied Health Education

- Align educational requirements and scope of practice in nursing
- Expand programs designed to graduate nurses for faculty positions in nursing schools and other health professions schools
- Examine the proliferation of advanced degrees in all of the health professions
- Assess the potential value of “market competition” through proprietary schools of nursing and allied health sciences and provide evidence-based study of this practice to determine their value and impact on student educational costs
Texas - Mexico Border Issues

• Study the potential impact of restriction of travel along the border between Texas and Mexico
  – Impact on access to health care for individuals in Texas who receive health care services in Mexico
    • Primary care access
    • Dental services
    • Pharmaceuticals
  – Assess the impact upon Texas health care providers, both primary care and specialists, who have professional relationships with patients from Mexico
  – Assess the potential impact upon hospitals and hospital emergency departments
  – Assess the potential public health impact

• Study opportunities for collaboration between the northern states of Mexico and the state of Texas in development of a comprehensive health plan to address the public health, health delivery system, workforce, and disaster response requirements of the area for 125 miles on either side of the border

• Obtain a more realistic enumeration of the number of available health care practitioners along the border by assessing the number of practitioners available to the public located within a reasonable distance south of the border
Health Disparities / Chronic Diseases

- Continue the implementation of programs within the state’s infrastructure to encourage the recognition of and the reduction of disparities in access as well as disease mortality and morbidity

- Incent those medical practices that actively practice prevention and education programs targeting recognized health disparities through preferential reimbursement programs

- Reduce health disparities through the implementation of evidence-based programs for the management of chronic diseases
Scope of Practice

- Texas has avoided issues related to “scope of practice” for several decades, depending on various actions of competing regulatory boards and/or the legislature itself to offer up definitions.

- Almost all would like to see a process that is outside of the legislative arena and that is driven by objective evidence.

- Scope of practice will require rigorous demonstration of desired outcomes contrasted with cost.

- The creation of a state board charged with scope of practice delineation based upon clinical evidence, costs, and benefit to patients seems to be a practical solution.